multiply therein and thus give rise to all formidable symptoms peculiar to the disease. 2, In such cases of hydatid of the liver where there arise some suspicions that the maternal cyst has burst and its contents emerged into the peritoneal cavity, abdominal section should be performed without delay. 3, In view of the said dangers, an exploratory tapping, as a means for diagnosing abdominal hydatids in suspicious cases, should be either given up altogether, or, at least, practiced only in certain quite exceptional cases.—*St. Petersburg Inaugural Dissertation*, 1891, No. 22, p. 32.

NERVOUS AND VASCULAR SYSTEMS.

I. **On the Therapeutic Value of Nerve-Stretching.** By DR. ARCHIMEDE MISCHI (Cesena, Italy). The writer comes to the following conclusions:

1. Nerve-stretching constitutes, by its manner of action, a special therapeutic process. This influence is felt even as far as the nervous centres and in the medulla oblongata in particular. A paralysis of sensation, with relative conservation of motility, is produced.

2. Nerve-stretching is an efficacious method of treatment in those cases in which the lesion is peripheric; hence, it is most useful in the treatment of the various neuralgias, ticdouleureux, spasms, traumatic contractures and reflex epilepsy.

3. It must be condemned in tabes dorsalis and various affections of the medulla oblongata, in which it is never successful, often injurious and, finally, sometimes fatal.

4. It offers but the slightest probability of success in the treatment of tetanus.—*Il Raccoglitore Medico*, Dec. 10, 1890

II. **A Case of Supposed Arterio-Venous Aneurysm of the Femoral Vessels, at the Apex of Scarpa's Triangle; Ligature of the Femoral Artery and Vein, above and below, with Extirpation of the Sac; Recovery.** By. PROF. D'ANTONA (Naples, Italy). At the operation there were found at the aperture of the sac villiform vegetations in a small perforation of the artery, and small fibrinous bodies floating freely in the sac. These two conditions were the cause of the strong, continous tremitus characteristic of arterio venous aneurysm; whilst, really, there was not found any communication with the vein.—("*Annali di Chirurgia*; *Gazzetta degli Ospitali* (Lupplemento) IX. No. 12, 1890.")

ALBERT PICK (Boston).

III. Case of Aneurism of the External Iliac cured by Compression. By H. P. SYMONDS, F.R.C.S., (Oxford). A man, æt. 48, presented just above Poupart's ligament a marked pulsating prominence which was seen continued down the thigh as far as the apex of Scarpa's triangle; it exhibited uniform expansion and a marked systolic bruit was audible, and an aneurism of the external iliac was diagnosed. Under anæsthesia a Lister's abdominal tourniquet was applied on a line with the highest points of the iliac crests and a little to the left of the median line. On tightening it up, the aneurism ceased to pulsate though pulsation continued in the right limb. Pressure was kept up for seven hours and as the pulsation slightly returned in the aneurism upon loosening it, it was again applied for two hours longer when it was gradually loosened by giving the screw of the tourniquet a turn every fifteen minutes during the next three hours; it was then entirely removed, the aneurism showing no sign of pulsation and being firm and hard to the touch. The tumor from this time continued to contract and a cure resulted, complicated by some symptons of peritonitis and enteritis, while within a week inflammation of both parotids appeared, the left being the more severely affected, so that two weeks after the operation, it was incised and a large amount of pus evacuated. —*London Lancet*, Jan. 10, 1891.

JAMES E. PILCHER (U. S. Army.)

HEAD AND NECK.

I. A New Method of Determining the Position of the Fissure of Rolando. By CHARLES L. DANA, M.D. (New York). There is no better method than that of Thane for finding the upper end of the fissure of Rolando, viz.: Measure the distance from the glabella to the inion; find 55.7% of this distance, and the figures ob-